Vendor, Solicitor, or **Temporary Merchant Application Form**

Village of Heyworth 108 S. Buchanan Street P.O. Box 439 Heyworth, IL 61745-0439 P: (309) 473-2811 F: (309) 473-2291



THE VILLAGE OF HEYWORTH VENDOR, SOLICITOR, OR TEMPORARY MERCHANT **APPLICATION FORM**

For each question below, please complete the response in the space provided or write or type the answer "Yes" or "No" in the left margin. If an answer is not applicable, please write N/A. Please complete the front and back of the application.

\Box Vendor	☐ Solicitor	☐ Tempora	ry Merchant
Applicant/Business Name:			
Business Location Address:			
Business Phone: ()		Fax #: ()	
Email:			
Form of Business Organization	(if applicable):		
☐ Corporation ☐ Limited I	Liability Company	☐ Partnership	
Date of Organization:/_	/	State of Organiza	tion:
FEIN:			
Applicant Information: (Person 6	Completing this Form)		
Name:		Title:	
Address:Street Address		DL #:	
Street Address		DOD	
City, State, Zip			
Phone #: ()		Cell #: ()
Email:		Fax #: ()	

b - -		ched to this application.
P 	rovide	e a description of the nature of the business and the goods to be sold.
- P -	Provide	e the address of where the goods will be sold.
tl	he god	e the address of where orders for the sale of goods will be taken from, the address of where ds are manufactured or produced, the address of where the goods are located at the current and the proposed method of delivery of the goods.
N C	Aanufa Curren	Address:
		and Times of Operation://20 through//20
	6.	Is a motor vehicle going to be used as a part of the operation? If "yes" provide the make, model, year, license plate number, and a description of the vehicle.
	7.	Has a permit or license been issued and revoked to you or your business during the past 5 years? If "yes" describe the reason for revocation.
	8.	Has any person listed herein been convicted of any felony or crime involving honesty, deceit or fraud? If "yes", provide a detailed explanation on a separate sheet describing the crime, dates of the offense, and disposition for each person and conviction.
	9.	Does the operation intend to provide prepared food product intended for human consumption? If "yes", attach a copy of a current McLean County Health Department permit.

ACKNOWLEDGEMENT

and statements submitted in this Application and correct to the best of my knowledge, and that omitting no material information. The responses	me printed) swear or affirm under penalty of law that I is Application and that all of the foregoing information its attachments and supporting documents are true and all responses to the questions are full and complete, include all material information necessary to fully and abilities and pertinent history of the affiliated request as eof, if applicable.				
The undersigned applicant also agrees to indemnify and hold the Village of Heyworth harmless from any losses, claims, damages, liabilities, and related expenses (including the fees, charges and disbursements of any counsel or consultant for the Village) incurred by the Village or asserted against the Village by the undersigned or any third party arising out of, in connection with, or as a result of (i) the information submitted by applicant for this Application, (ii) the processing of this Application, (iii) the issuance or denial of a permit, or (iv) any actual or prospective claim, litigation, investigation or proceeding relating to any of the foregoing, whether based on contract, tort or any other theory, whether brought by a third party or by the applicant, and regardless of whether the Village is a party thereto.					
I further agree to provide written notice to the information contained in the original application ownership, address, telephone number, etc.)	Village of Heyworth of any material change in the n within 30 calendar days of such change (e.g.				
	OF INFORMATION IN THIS DOCUMENT WILL DENIAL OF A PERMIT				
	Subscribed and sworn before me				
Signature of applicant Date	this day of, 20				
Signature of applicant Date					
Name and Address of Business					
Name and Address of Business					
Name and Address of Business FOR OFFICE USE ONLY:					
Name and Address of Business FOR OFFICE USE ONLY:	reived By:				
Name and Address of Business FOR OFFICE USE ONLY: Date Received:/ Received:/ Received:/ By:					
Name and Address of Business FOR OFFICE USE ONLY: Date Received:/ Received:/ Received:/ Received:/ Type Colice Department Approval: Y or N By: License Issued: Y or N Type	be of License Issued:				
Name and Address of Business FOR OFFICE USE ONLY: Date Received:/ Received:/ Received:/ By:	pe of License Issued:				

Attachment 1

Employee Information: Title:_____ Name:_____ Address:____ DL#: Street Address DOB: ____/___ City, State, Zip Cell #: () _____ Phone #: ()_____ Fax #: () _____ Email: **Employee Information:** Name:_____ Title:_____ Street Address Address:____ **DL**#:_____ DOB: ____/___ City, State, Zip Phone #: ()_____ Cell #: () _____ Fax #: () _____ Email: **Employee Information:** Title: Name: Address:____ **DL**#:_____ Street Address DOB: ____/___ City, State, Zip **Phone** #: () Cell #: () _____ Fax #: () _____ Email:_____